

United States Bankruptcy Court Northern District of Illinois						Voluntary Petition											
Name of Debtor (if individual, enter Last, First, Middle): Devereux, Dawn Marie				Name of Joint Debtor (Spouse) (Last, First, Middle):													
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): Dawn M Goetschel Dawn Lombardo				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):													
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 0142				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):													
Street Address of Debtor (No. & Street, City, State & Zip Code): 1328 Creighton Avenue Naperville, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):													
ZIPCODE 60565				ZIPCODE													
County of Residence or of the Principal Place of Business: DuPage				County of Residence or of the Principal Place of Business:													
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):													
ZIPCODE				ZIPCODE													
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE											
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.													
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).													
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY											
Estimated Number of Creditors <table style="width:100%; border: none;"><tr><td><input type="checkbox"/> 1-49</td><td><input checked="" type="checkbox"/> 50-99</td><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> Over 100,000</td></tr></table>								<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000
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Estimated Assets <table style="width:100%; border: none;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1 million to \$10 million</td><td><input type="checkbox"/> \$10 million to \$50 million</td><td><input type="checkbox"/> \$50 million to \$100 million</td><td><input type="checkbox"/> \$100 million to \$500 million</td><td><input type="checkbox"/> \$500,000 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>								<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50 million to \$100 million	<input type="checkbox"/> \$100 million to \$500 million	<input type="checkbox"/> \$500,000 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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Estimated Liabilities <table style="width:100%; border: none;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1 million to \$10 million</td><td><input type="checkbox"/> \$10 million to \$50 million</td><td><input type="checkbox"/> \$50 million to \$100 million</td><td><input type="checkbox"/> \$100 million to \$500 million</td><td><input type="checkbox"/> \$500,000 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50 million to \$100 million	<input type="checkbox"/> \$100 million to \$500 million	<input type="checkbox"/> \$500,000 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Devereux, Dawn Marie	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: None		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X /s/ John P. Houlihan 4/30/09 Signature of Attorney for Debtor(s) Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord or lessor that obtained judgment) _____ (Address of landlord or lessor) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Devereux, Dawn Marie**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Dawn Marie Devereux

Signature of Debtor

Dawn Marie Devereux**X**

Signature of Joint Debtor

(630) 707-9559

Telephone Number (If not represented by attorney)

April 30, 2009

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney***X** /s/ John P. Houlihan

Signature of Attorney for Debtor(s)

John P. Houlihan**Beck, Houlihan, Scott P.C.****534 W. Roosevelt Rd****Wheaton, IL 60187****(630) 933-9220 Fax: (630) 933-0220****jhoulihan@bhsatlaw.com****April 30, 2009**

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

IN RE:

Devereux, Dawn Marie

Debtor(s)

Case No. _____

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Dawn Marie Devereux

Date: April 30, 2009

Certificate Number: 02114-ILN-CC-006342054

CERTIFICATE OF COUNSELING

I CERTIFY that on 03/04/09, at 07:41 o'clock PM EST, DAWN M DEVEREUX received from Consumer Credit Counseling Service of Greater Atlanta, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Northern District of Illinois, an individual [or group] briefing (including a briefing conducted by telephone or on the Internet) that complied with the provisions of 11 U.S.C. §§ 109(h) and 111. A debt repayment Plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by Internet.

Date: 03-08-2009

By /s/EUGENE DEBOISE

Name EUGENE DEBOISE

Title Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Devereux, Dawn Marie
1328 Creighton Avenue
Naperville, IL 60565

Central Portfolio Control
6640 Shady Oak Road, #300
Eden Prairie, MN 55344-7710

DuPage Medical
1869 Paysphere Circle
Chicago, IL 60674

Beck, Houlihan, Scott P.C.
534 W. Roosevelt Rd
Wheaton, IL 60187

Christine Michaels, D.D.S., M.D.S.
2500 Highland Avenue, Suite 100
Lombard, IL 60148

DuPage Medical
1869 Paysphere Circle
Chicago, IL 60675

Academic Endocrine
120 Spalding Drive, Suite 401
Naperville, IL 60540

City Of Naperville
P.O. Box 1368
Elmhurst, IL 60126

DuPage Medical
C/O Revenue Prod Management, Inc.
P.O. Box 673775
Detroit, MI 48267-3775

Alliance One
P.O. Box 510267
Livonia, MI 48151-6251

City of Naperville
P.O. Box 88850
Carol Stream, IL 60188

DuPage Medical
1869 Paysphere Circle
Chicago, IL 60676

Ann Taylor
P.O. Box 182273
Columbus, OH 43218

City of Naperville
P.O. Box 988
Harrisburg, PA 17108

DuPage Medical
1869 Paysphere Circle
Chicago, IL 60677

Assc. For Women's Health
C/O Transworld Systems
25 Northwest Point Blvd., #750
Elk Grove Village, IL 60007

Client Services, Inc.
3451 Harry Truman Blvd.
St. Charles, MO 63301-4747

DuPage Medical
C/O Revenue Production Mgmt., Inc.
P.O. Box 536
Linden, MI 48451-0536

Best Buy
C/O Central Portfolio Control
6640 Shady Oak Road, #300
Eden Prairie, MN 55344-7710

Credit Recovery, Inc.
P.O. Box 916
Ottawa, IL 61350

DuPage Medical
Revenue Production, Dept. 77308
P.O. Box 77000
Detroit, MI 48277

Capital One
P.O. Box 5294
Carol Stream, IL 60197

Diamond & Headache Clinic
467 W. Deming Pl., Suite 500
Chicago, IL 60614

DuPage Medical
1860 Payshere Circle
Chicago, IL 60674

Center For Family Change
Jennifer A. Kepler, LCSW CADC
2907 Butterfield Road, Suite 240
Oak Brook, IL 60523

Dr. Rapmano, D.D.S.P.C.
C/O Dr. Antionino Romano
1505 W. Schaumburg Road
Schaumburg, IL 60194

DuPage Medical
Revenue Production
P.O. Box 536
Linden, MI 48451-0536

Central DuPage Hospital
C/O Pellettieri & Associates
991 Oak Creek Drive
Lombard, IL 60148

Dr. Romano, DDS
Artistic Solutions
P.O. Box 877
Streamwood, IL 60107

DuPage Medical
1869 Payshere Circle
Chicago, IL 60676

Edward Adult Hospital
3741 Eagle Way
Chicago, IL 60678

Edward Hospital
801 S. Washington
Naperville, IL 60540

Kohls
C/O Omni Credit Service Of Florida, Inc.
333 Bishops Way, Suite 100
Brookfield, WI 53005-6209

Edward Hospital
C/O OSI Collection Services, Inc.
P.O. Box 959
Brookfield, WI 53009

Edward Hospital
P.O. Box 4207
Carol Stream, IL 60197

Laboratory & Pathology Diagnostics
Laboratory And Pathology Dept. 4387
Carol Stream, IL 60122-4687

Edward Hospital
C/O Merchants Credit Guide
223 W. Jackson Blvd.
Chicago, IL 60606

Edward Hospital
C/O Merchants Credit Collections
223 W. Jackson Blvd.
Chicago, IL 60606

Laboratory & Pathology Diagnostics
Dept. 4387
Carol Stream, IL 60122

Edward Hospital
801 S. Washington Street
Naperville, IL 60540

GAP
P.O. Box 530942
Atlanta, GA 30353-0942

Laboratory Corporation Of America
C/O American Medical Collection Agency
2669 S. Saw Mill River Road, Bldg. 3
Elmsford, NY 10523

Edward Hospital
801 S. Washington St.
Naperville, IL 60540

GE Capital
C/O National Action Financial Services
165 Lawrence Bell Dr., Suite 100
Williamsville, NY 14231-9027

Linden Oaks Edward Hospital
801 S. Washington
Naperville, IL 60540

Edward Hospital
C/O Revenue Production Mgmt., Inc.
P.O. Box 77000, Dept. 77308
Detroit, MI 48277-0308

Home Depot
C/O CBE Group Citicorp Card Services
P.O. Box 2695
Waterloo, IA 50704-2695

Linden Oaks Medical Group
C/O OSI Collection Services
P.O. Box 959
Brookfield, WI 53008-0960

Edward Hospital
C/O OSI Collection Services, Inc.
P.O. Box 959
Brookfield, WI 53008-0959

Household Bank
HSBC Card Services
P.O. Box 80084
Salinas, CA 93912-0084

Linden Oaks Medical Group
C/O Revenue Production Mgmt., Inc.
P.O. Box 830913
Birmingham, AL 35283-0913

Edward Hospital
C/O Merchants Credit Collection
225 W. Jackson Blvd.
Chicago, IL 60607

HSBC Bank Nevada
C/O Firstsource Advantage, LLC
P.O. Box 628
Buffalo, NY 14240-0628

Linden Oaks Medical Group
Linden Oaks Hospital
Dept. 4070
Carol Stream, IL 60122

Edward Hospital
801 S. Washington St.
Naperville, IL 60540

HSBC Platinum Mastercard
HSBC Card Services
P.O. Box 81622
Salinas, CA 93912-1622

Linden Oaks Medical Group
3471 Eagle Way
Chicago, IL 60678

Edward Hospital
P.O. Box 4207
Carol Stream, IL 60197-4207

Kirkland's
P.O. Box 960003
Orlando, FL 32896-0003

Lowes
GE Money
P.O. Box 981064
El Paso, TX 79998-1064

Naperville Endodontic PC
C/O Certified Services, Inc.
P.O. Box 177
Waukegan, IL 60079-0177

The Center For Surgery
475 E. Diehl Road
Naperville, IL 60563

Naperville Radiologists
6010 S. Madison St.
Willowbrook, IL 60527

US Bank
Market Meadows Office
1230 S. Naper Blvd.
Naperville, IL 60540

Northwestern Memorial Hospital
P.O. Box 73690
Chicago, IL 60673

Victoria's Secret Angel
C/O CAC Financial Corp.
2601 NW Expressway Suite 1000
East Oklahoma City, OK 73112-7236

Salt Creek Therapy
Certified Services
P.O. Box 177
Waukegan, IL 60079

Wachovia Mortgage
P.O. Box 105693
Atlanta, GA 30348-5693

Seema Gupta, MD
1220 Hobson Road, Suite 232
Naperville, IL 60540

Wells Fargo
C/O FMA Alliance, Ltd.
11811 N. Freeway, Suite 900
Houston, TX 77060

SKO Brenner American, Inc.
40 Daniel Street, P.O. Box 230
Farmingdale, NY 11735-0230

Wells Fargo Financial Bank
C/O Creditors Financial Group, LLC
P.O. Box 440290
Aurora, CO 80044-0290

Sobel Medical Associates, Ltd.
P.O. Box 809348
Chicago, IL 60680-9348

Willows Of Fox Valley
C/O Lang Property Management
193 N. Gregory St.
Aurora, IL 60504

Suburban Plastic Surgery Associates
1585 N. Barrington Road, #601
Hoffman Estates, IL 60169

Zales
C/O CBE Group Citicorp Credit Services
P.O. Box 2695
Waterloo, IA 50704-2695

Superior Air Ground
P.O. Box 1407
Elmhurst, IL 60126

Superior Air Ground Medical Recovery
2250 E. Devon Avenue, Suite 352
DesPlaines, IL 60018